1	Date of EEG Req	uest:			Age:	Sex:		<u></u>		
11.	Routine			Urgent (Call Urgent EEG's to EEG Laboratory)						
III.	Type of Procedure:									
	EEG With Hyperventilation And Photic Stimulation					EEG, No Hyperventilation (See Section XIII, Below)				
	EEG With Prolonged Temporal Recording Narcolepsy Evaluation (Multiple Sleep Latency Test)				Sleep Deprived EEG EEG: Brain Death Evaluation					
IV.	What are the primary questions you wish this procedure to address (Please provide - very important)									
V.	Relevant History (Include date of last seizure, if any):									
VI.	Chief Complaint/Diagnosis This Admission:									
VII.	Description of Seizure (If Any):									
VIII.	Other Major Medical Problems (List):									
ıv	. Medications:									
IX.	modications.									
X.	Potentially Infection	ous Patie	nt?	Yes No	0	If Yes, Explain:				
	-,					If Yes, Explain:	on Pump, Other)	No	Ye	
Χ.	Potentially Infection	uire Any		Equipment? (ion Pump, Other) Yes No			
X. XI. XII.	Potentially Infection Does Patient Req	uire Any Ambu	Special latory	Equipment? (l	Restraints	, Respirator, Infusi				
X. XI. XII.	Potentially Infection Does Patient Req Patient Status:	uire Any Ambu	Special latory	Equipment? (l	Restraints	, Respirator, Infusi			Yes o, Explain	
X. XI. XII.	Potentially Infection Does Patient Requirement Status: Contraindications Asthma	Ambu To Hype	Special latory	Yes tion: CNS: Acute Stroke	Restraints No	, Respirator, Infusi Cooperative:	Yes No CARDIAC: Angina	If No	N	
X. XI. XII.	Potentially Infection Does Patient Requirement Status: Contraindications Asthma Pregnancy	Ambu To Hype Y	Special latory erventilat N	Yes tion: CNS: Acute Stroke Aneurysm	Restraints No Y Y	Respirator, Infusi Cooperative:	Yes No CARDIAC: Angina Arrhythmia	If No	, Explain N	
X. XI. XII.	Potentially Infection Does Patient Requirement Status: Contraindications Asthma	Ambu To Hype	Special latory erventila	Yes tion: CNS: Acute Stroke Aneurysm AVM	Restraints No Y Y Y Y	Respirator, Infusi Cooperative:	Yes No CARDIAC: Angina Arrhythmia Hypotension	Y Y	, Explain N N N	
X. XI. XII.	Potentially Infection Does Patient Requirement Status: Contraindications Asthma Pregnancy	Ambu To Hype Y	Special latory erventilat N	Yes tion: CNS: Acute Stroke Aneurysm	No Y Y Y Y Y	Respirator, Infusi Cooperative:	Yes No CARDIAC: Angina Arrhythmia	If No	, Explain N	
X. XI. XII.	Potentially Infection Does Patient Requirement Status: Contraindications Asthma Pregnancy Sickle Cell Anemia	Ambu To Hype Y	Special latory erventilat N	Yes tion: CNS: Acute Stroke Aneurysm AVM CNS Mass	No Y Y Y Y Y	Respirator, Infusi Cooperative:	Yes No CARDIAC: Angina Arrhythmia Hypotension Recent MI	Y Y Y	, Explain N N N N	
X. XI. XII.	Potentially Infection Does Patient Requirement Status: Contraindications Asthma Pregnancy Sickle Cell Anemia METABOLIC:	Ambu To Hype Y Y	Special datory erventilat N N	Yes tion: CNS: Acute Stroke Aneurysm AVM CNS Mass	No Y Y Y Y Y	Respirator, Infusi Cooperative:	Yes No CARDIAC: Angina Arrhythmia Hypotension Recent MI	Y Y Y Y	, Explain N N N N	
X. XI. XII.	Potentially Infection Does Patient Requirement Status: Contraindications Asthma Pregnancy Sickle Cell Anemia METABOLIC: Hypoglycemia	Ambu To Hype Y Y Y	Special datory erventilat N N N	Yes tion: CNS: Acute Stroke Aneurysm AVM CNS Mass Increased IC	No Y Y Y Y Y	Respirator, Infusi Cooperative:	Yes No CARDIAC: Angina Arrhythmia Hypotension Recent MI Uncontrolled HTN	Y Y Y Y	, Explain	
X. XI. XII.	Potentially Infection Does Patient Requirement Status: Contraindications Asthma Pregnancy Sickle Cell Anemia METABOLIC: Hypoglycemia On dialysis	Ambu To Hype Y Y Y Y Clan (Prir	Special latory erventilat N N N N N N N N N N N N N N N N N N	Yes tion: CNS: Acute Stroke Aneurysm AVM CNS Mass Increased IC	No Y Y Y Y Y Y Y	Respirator, Infusi Cooperative:	Yes No CARDIAC: Angina Arrhythmia Hypotension Recent MI Uncontrolled HTN	Y Y Y Y	, Explain N N N N	
X. XI. XII.	Potentially Infection Does Patient Requesting Patient Status: Contraindications Asthma Pregnancy Sickle Cell Anemia METABOLIC: Hypoglycemia On dialysis Requesting Physical	Ambu To Hype Y Y Y Y Cian (Prir	Special latory erventilat N N N N N T):	Yes tion: CNS: Acute Stroke Aneurysm AVM CNS Mass Increased ICI Other:	No Y Y Y Y Y Y Y	Respirator, Infusi Cooperative:	Yes No CARDIAC: Angina Arrhythmia Hypotension Recent MI Uncontrolled HTN	Y Y Y Y	, Explain	
X. XI. XII.	Potentially Infection Does Patient Requesting Patient Status: Contraindications Asthma Pregnancy Sickle Cell Anemia METABOLIC: Hypoglycemia On dialysis Requesting Physical Reper Number/E	Ambu To Hype Y Y Y Y Clan (Prin	Special latory erventilat N N N N N T):	Yes tion: CNS: Acute Stroke Aneurysm AVM CNS Mass Increased ICI Other:	No Y Y Y Y Y Y Y	N N N N Signator Neurology Const	Yes No CARDIAC: Angina Arrhythmia Hypotension Recent MI Uncontrolled HTN	Y Y Y Y	, Explain N N N N	

(Must be filled out completely and legibly)